

| POSITION                  | INITIALS  | ID NO. | DATE     |
|---------------------------|-----------|--------|----------|
| FEE DETERMINATION         |           |        |          |
| O.I.P.E. CLASSIFIER       |           |        |          |
| FORMALITY REVIEW          | <i>Sw</i> | 928    | 03/29/01 |
| RESPONSE FORMALITY REVIEW | <i>ut</i> | 571    | 04/25/01 |

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

| Claim    | Date   |
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| Final    |        |
| Original | 3/5/01 |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
 staple additional sheet here

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80-120